

**ILEETA**  
**International Law Enforcement**  
**Educators and Trainers Association**

**2010 Exhibitor Registration Form**

**Exhibitor Information**

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Product/Service Description (*20 word maximum to appear in Official Program Guide*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corporate Sponsorship Information**

Corporate Sponsor (please circle)      **Yes or No**

I would like to become an ILEETA Corporate Sponsor with this application (\$500.00 Annual Dues)      **Yes or No**

**Exhibit Space Request**

Number of spaces requested: \_\_\_\_\_

Location Preference: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

**Payment Information** (Please circle)      Check      Money Order

A non refundable \$100 deposit per space is due to secure this contract. The balance is due on or before January 1, 2010. All cancellations must be received in writing. Refunds will not be made for requests received after January 31, 2010.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

By signing this form I acknowledge reading and understanding all rules and regulations governing the ILEETA conference and exposition and agree to abide by these rules and regulations. The terms of this contract may not be changed except in writing and signed by all parties.

Please mail or fax this form to: ILEETA  
Attn: Mary Grace Barbye  
109 Theresa Drive \* Mullica Hill, NJ 08062 \* Phone: 856-223-5437 \* Fax: 856-223-5439

